Substitute for form 1449/PTO (Revised 04/2003) INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Complete if Known		
				Application Number	(not yet assigned)	
			SHEE	Filing Date	(filed concurrently herewith)	
				First Named Inventor	Sakamaki	
(Use as many sheets as necessary)				Group Art Unit	3722	
		, 	Examiner Name	S. Bishop		
Sheet	1	of	1	Attorney Docket Number	038312/268903	

	т-		J. S. PATENT I	OCUMENTS			
Examiner Initials*	Cite No.	Document Number Number - Kind Code (if known)	Publication Date Name of Patentee or Applicant of Cited Document		nt Relevant Passages	Pages, Columns, Lines, Where Relevant Passages of Relevant Figure Appear	
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Signature Lune	Date	19	MI
	Considered	1	09

^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.